

Appendix 5

DRAFT ESD PREVENTIVE ERGONOMICS SURVEY FORM

Employee Name: _____ Ext: _____ Location (Bldg. & Room #): _____ Date: _____

Supervisor Name: _____ Ext: _____ Department/Program: _____

1. Where do you work ? Office Area _____ Laboratory Area _____ Other (describe): _____

2. What type of computer(s) do you use? (check all that apply) Single Desktop Computer _____ Workstation w/ multiple computers _____
Multiple Workstation Locations _____ Laptop _____

3. Is your average daily computer use > 4 hours? YES _____ NO _____

4. Do you have a telecommute agreement? YES _____ NO _____

5. What other type of work do you do routinely? Heavy Phone Work _____ Filing _____ Adding Machine _____ Use Hand Tools _____
Manual Lifting _____ Other (describe): _____

6. Do you have pain or discomfort that you feel may be associated with your work? YES _____ NO _____

[If yes, describe discomfort: _____

7. How would you rate your workspace?

_____ I feel my computer workstation set-up is satisfactory

_____ I would like to request ergonomic accessories: wrist rest _____ alternate keyboard _____ alternate pointing device _____
document stand _____ anti-glare screen _____ task light _____ monitor riser _____ ergonomic chair _____
foot rest _____ articulating keyboard tray _____ other _____

_____ I would like to request an ergonomic evaluation of my computer workstation